

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09782845	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		1		
2		1					52		1		
3		1					53		1		
4		1					54		1		
5		1					55		1		
6		1					56				
7		1					57				
8		1					58				
9		1					59				
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13		1					63				
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17		1					67				
18		1					68				
19		1					69				
20	1						70				
21	1						71				
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33		1					83				
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35		1					85				
36		1					86				
37	1						87				
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43		1					93				
44	1						94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49		1					99				
50		1					100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	51						TOTAL DEP.				
TOTAL CLAIMS	55						TOTAL CLAIMS				